

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Baxter Healthcare Political Action Committee

ADDRESS (number and street) 1501 K Street, NW  
 Check if different than previously reported. (ACC)  
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00117838  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day Post -Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2006 through 07 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Sarah Creviston  
Signature of Treasurer Electronically Filed by Sarah Creviston Date 09 05 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Baxter Healthcare Political Action Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		43452.73
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	46022.42									
(c) Total Receipts (from Line 19) .....	8242.63	48812.32								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	54265.05	92265.05								
7. Total Disbursements (from Line 31) .....	8000.00	46000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	46265.05	46265.05								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Baxter Healthcare Political Action Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	8242.63	48812.32
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	8242.63	48812.32
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	8242.63	48812.32
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	8242.63	48812.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	8242.63	48812.32

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	46000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	8000.00	46000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	8000.00	46000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	8242.63	48812.32
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8242.63	48812.32
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Baxter Healthcare Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Jennifer Adams

Mailing Address 203 Bridle Path Lane

City State Zip Code  
Fox River Grove IL 60021

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Baxter Healthcare Corporation

Occupation  
VP I, Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150.00

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2006

Transaction ID: 60905.C30009

Amount of Each Receipt this Period  
20.00

Receipt

Payroll Deduction: (10.00- /Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
Joy A Amundson

Mailing Address 110 W. Onwentsia Road

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Baxter Healthcare Corporation

Occupation  
CVP, Pres BioScience

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2905.60

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2006

Transaction ID: 60905.C30015

Amount of Each Receipt this Period  
390.00

Receipt

Payroll Deduction: (195.0- 0/Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
Peter Arduini

Mailing Address 476 Lac La Belle Drive

City State Zip Code  
Oconomowoc WI 53066

FEC ID number of contributing federal political committee. **C**

Name of Employer

Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
07 / 28 / 2006

Transaction ID: 60810.C29704

Amount of Each Receipt this Period  
2500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2910.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Michael Barlev</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address 61 Telegraph Hill Rd.		<b>Transaction ID: 60905.C30008</b>	
City State Zip Code Holmdel NJ 07733	Amount of Each Receipt this Period 2.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation Sales Rep III	Payroll Deduction: (1.00/- Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15.00		

Full Name (Last, First, Middle Initial) <b>B. Michael J Baughman</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address 5343 N Lakewood Avenue		<b>Transaction ID: 60905.C30034</b>	
City State Zip Code Chicago IL 60640	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Baxter International Inc.	Occupation CVP, Controller	Payroll Deduction: (100.00/- Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

Full Name (Last, First, Middle Initial) <b>C. Armando Bombino</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address 1795 Ashford Lane		<b>Transaction ID: 60905.C30007</b>	
City State Zip Code Crystal Lake IL 60014	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation Dir, Operations	Payroll Deduction: (5.00/- Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 75.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	212.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Baxter Healthcare Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Pat Brower Mailing Address 502 Canal City Cleveland State MS Zip Code 38732 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006 <b>Transaction ID:</b> 60905.C29994 Amount of Each Receipt this Period 2.00 Receipt Payroll Deduction: (1.00/- Pay Period)
Name of Employer: Baxter Healthcare Corporation Occupation: Mgr I, Distribution Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 15.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Michael Brown Mailing Address 531 Lyon Dr City Buffalo Grove State IL Zip Code 60089 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006 <b>Transaction ID:</b> 60905.C30031 Amount of Each Receipt this Period 2.00 Receipt Payroll Deduction: (1.00/- Pay Period)
Name of Employer: Baxter International Inc. Occupation: Dir, Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 15.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Sebastian Bufalino Mailing Address 1091 Pine Meadow Ct City Vernon Hills State IL Zip Code 60061 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006 <b>Transaction ID:</b> 60905.C30112 Amount of Each Receipt this Period 46.55 Receipt Payroll Deduction: (46.55/- Pay Period)
Name of Employer: Baxter International Inc. Occupation: VP, Corporate Audit Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 46.55		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>50.55</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Baxter Healthcare Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Glenn Burney

Mailing Address 96 Rock Creek Drive

City State Zip Code  
Mountain Home AR 72653

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation  
Occupation Dir, Quality

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
30.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 14 / 2006

Transaction ID: 60905.C29992

Amount of Each Receipt this Period  
4.00

Receipt

Payroll Deduction: (2.00/- Pay Period)

**B.** Full Name (Last, First, Middle Initial)  
Donna Campagna

Mailing Address 30922 St Andrews Drive

City State Zip Code  
Libertyville IL 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation  
Occupation VP, Baxter IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 14 / 2006

Transaction ID: 60905.C30013

Amount of Each Receipt this Period  
40.00

Receipt

Payroll Deduction: (20.00-/Pay Period)

**C.** Full Name (Last, First, Middle Initial)  
John Cone

Mailing Address 153 Pleasant Valley Drive

City State Zip Code  
Marion NC 28752

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation  
Occupation Sr Principal Engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
30.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 14 / 2006

Transaction ID: 60905.C30001

Amount of Each Receipt this Period  
4.00

Receipt

Payroll Deduction: (2.00/- Pay Period)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	48.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Edward Conrad</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address 113 S Waverly Pl		<b>Transaction ID: 60905.C30032</b>	
City State Zip Code Mt Prospect IL 60056	Amount of Each Receipt this Period 119.06		
FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (59.53- /Pay Period )		
Name of Employer Occupation Baxter International Inc. Dir, Tax	Aggregate Year-to-Date ▼ 882.03		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Sarah Creviston</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address 717 North Maple Ave.		<b>Transaction ID: 60905.C30028</b>	
City State Zip Code Palatine IL 60067	Amount of Each Receipt this Period 151.36		
FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (75.68- /Pay Period )		
Name of Employer Occupation Baxter Healthcare Corpora- tion VP, Government Affairs	Aggregate Year-to-Date ▼ 1113.60		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Margarita Cruz-casse</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address Violeta 153, San Francisco		<b>Transaction ID: 60905.C30043</b>	
City State Zip Code San Juan PR 00927	Amount of Each Receipt this Period 79.96		
FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (39.98- /Pay Period )		
Name of Employer Occupation Baxter Healthcare Puerto Rico Dir, Logistics	Aggregate Year-to-Date ▼ 584.04		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	350.38
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Robert M Davis		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006
Mailing Address 21515 Hummingbird Court		<b>Transaction ID:</b> 60905.C30035
City State Zip Code Kildeer IL 60047	Amount of Each Receipt this Period 230.76	
FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (115.3-8/Pay Period )	
Name of Employer Occupation Baxter International Inc. CVP, Chief Financial Officer	Aggregate Year-to-Date 1178.35	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Gonz lez Chevalier Denisse		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006
Mailing Address PO Box 363326		<b>Transaction ID:</b> 60905.C30044
City State Zip Code San Juan PR 00936-326	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (20.00-/Pay Period )	
Name of Employer Occupation Baxter S. & D. Puerto Rico Mgr, Region	Aggregate Year-to-Date 80.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Karen Dewey		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006
Mailing Address 92 Spring Valley Drive		<b>Transaction ID:</b> 60905.C29986
City State Zip Code Mtn Home AR 72653	Amount of Each Receipt this Period 4.00	
FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (2.00/-Pay Period )	
Name of Employer Occupation Baxter Healthcare Corpora-tion Planner II	Aggregate Year-to-Date 30.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	274.76
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Baxter Healthcare Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mayra Diaz-jimenez

Mailing Address Estancias De San Fernando Calle 7

City State Zip Code  
Carolina PR 00985

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baxter S. & D. Puerto Rico Mgr I, Reg Affairs

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 160.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 14 / 2006

Transaction ID: 60905.C30045

Amount of Each Receipt this Period  
40.00

Receipt

Payroll Deduction: (20.00- /Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
Frederick Dodge

Mailing Address 233 Mtn St

City State Zip Code  
Marion NC 28752

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baxter Healthcare Corpora- tion Sr Principal Engineer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 15.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 14 / 2006

Transaction ID: 60905.C29995

Amount of Each Receipt this Period  
2.00

Receipt

Payroll Deduction: (1.00/- Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
Mary Fernald

Mailing Address 36 Wagner Lane

City State Zip Code  
Hillsborough NJ 08844

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baxter Healthcare Corpora- tion Mgr, Region

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 75.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 14 / 2006

Transaction ID: 60905.C30012

Amount of Each Receipt this Period  
10.00

Receipt

Payroll Deduction: (5.00/- Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	52.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Rodney Foster</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2006	
Mailing Address 1979 N. Trevino Terrace		<b>Transaction ID: 60905.C29988</b>	
City State Zip Code Vernon Hills IL 60061	Amount of Each Receipt this Period 8.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation Sr Dir, Engineering		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 60.00		
		Payroll Deduction: (4.00/- Pay Period)	

Full Name (Last, First, Middle Initial) <b>B. Kevin Freeman</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2006	
Mailing Address 832 Foxmoor Lane		<b>Transaction ID: 60905.C30011</b>	
City State Zip Code Lake Zurich IL 60047	Amount of Each Receipt this Period 106.44		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation VP I, Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 686.66		
		Payroll Deduction: (53.22-/Pay Period)	

Full Name (Last, First, Middle Initial) <b>C. Elizabeth Fuller</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2006	
Mailing Address 975 Seaboard Ave		<b>Transaction ID: 60905.C30022</b>	
City State Zip Code Atlanta GA 30318	Amount of Each Receipt this Period 16.22		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation Mgr, State Government Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 114.23		
		Payroll Deduction: (8.11/- Pay Period)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	130.66
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. James Gatling</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address 3704 Lindsay Ln		Transaction ID: 60905.C29993	
City Crystal Lake	State IL	Amount of Each Receipt this Period 273.08	
Zip Code 60014		Receipt	
FEC ID number of contributing federal political committee. C		Payroll Deduction: (136.5-4/Pay Period)	
Name of Employer Baxter Healthcare Corporation	Occupation CVP, Global Manufacturing Ops	Aggregate Year-to-Date 1957.32	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Juan Gonzalez</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address 17842 Rachel Lane		Transaction ID: 60905.C30003	
City Orland Park	State IL	Amount of Each Receipt this Period 10.00	
Zip Code 60467		Receipt	
FEC ID number of contributing federal political committee. C		Payroll Deduction: (5.00/-Pay Period)	
Name of Employer Baxter Healthcare Corporation	Occupation Project Mgr I, IT	Aggregate Year-to-Date 75.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. John Greisch</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address 2636 Chesapeake Lane		Transaction ID: 60905.C30040	
City Northbrook	State IL	Amount of Each Receipt this Period 440.00	
Zip Code 60062		Receipt	
FEC ID number of contributing federal political committee. C		Payroll Deduction: (220.00/Pay Period)	
Name of Employer Baxter International Inc.	Occupation CVP, President - International	Aggregate Year-to-Date 3220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	723.08
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Lawrence Guiheen</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address 1653 Vista Oaks Way		<b>Transaction ID:</b> 60905.C29984	
City State Zip Code Westlake Vilage CA 91361	Amount of Each Receipt this Period 70.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corporation	Occupation President V	Payroll Deduction: (35.00- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00		

Full Name (Last, First, Middle Initial) <b>B. Worth Holder Jr</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address 42 Jamestown Court		<b>Transaction ID:</b> 60905.C30110	
City State Zip Code Grayslake IL 60030	Amount of Each Receipt this Period 42.83		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter International Inc.	Occupation VP II, Business Development	Payroll Deduction: (42.83- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 42.83		

Full Name (Last, First, Middle Initial) <b>C. Stephen Irby</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address 601 Baxter Avenue		<b>Transaction ID:</b> 60905.C29987	
City State Zip Code Mtn Home AR 72653	Amount of Each Receipt this Period 4.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corporation	Occupation Sr Planner	Payroll Deduction: (2.00- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 30.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	116.83
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Irene Jakimcius</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 28 / 2006	
Mailing Address 2208 Wesley Ave.		<b>Transaction ID: 60905.C30106</b>	
City State Zip Code Evanston IL 60201	Amount of Each Receipt this Period 60.91		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Baxter International Inc.	Occupation Assoc General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 60.91		
		Payroll Deduction: (60.91- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>B. James Kamienski</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2006	
Mailing Address 6312 N Keating		<b>Transaction ID: 60905.C29996</b>	
City State Zip Code Chicago IL 60646	Amount of Each Receipt this Period 100.94		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Baxter Healthcare Corpora- tion	Occupation VP II, Manufacturing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 746.79		
		Payroll Deduction: (50.47- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>C. Jane Kiernan</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 28 / 2006	
Mailing Address 525 W. Roscoe, #3W		<b>Transaction ID: 60905.C30077</b>	
City State Zip Code Chicago IL 60657	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Baxter Healthcare Corpora- tion	Occupation General Manager I		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 40.00		
		Payroll Deduction: (40.00- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	201.85
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Baxter Healthcare Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Carol Lampe

Mailing Address 303 Northwind Dr.

City State Zip Code  
Lake Villa IL 60046

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Baxter Healthcare Corporation

Occupation  
Sr Research Scientist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 14 / 2006

Transaction ID: 60905.C30004

Amount of Each Receipt this Period  
2.00

Receipt

Payroll Deduction: (1.00/- Pay Period)

**B.** Full Name (Last, First, Middle Initial)  
Edward A Langan

Mailing Address 1605 Highland Avenue

City State Zip Code  
Wilmette IL 60091

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Baxter Healthcare Corporation

Occupation  
VP II, Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
75.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 28 / 2006

Transaction ID: 60905.C30047

Amount of Each Receipt this Period  
75.00

Receipt

Payroll Deduction: (75.00-/ Pay Period)

**C.** Full Name (Last, First, Middle Initial)  
Susan R Lichtenstein

Mailing Address 1257 W Wrightwood Ave

City State Zip Code  
Chicago IL 60614

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Baxter International Inc.

Occupation  
CVP, General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2812.29

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 14 / 2006

Transaction ID: 60905.C30036

Amount of Each Receipt this Period  
378.46

Receipt

Payroll Deduction: (189.2-3/ Pay Period)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	455.46
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Gary Loudermilk</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2006	
Mailing Address 570 S Creek Rd		<b>Transaction ID: 60905.C30000</b>	
City State Zip Code Nebo NC 28761	Amount of Each Receipt this Period 4.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation Supt, Manufacturing	Payroll Deduction: (2.00/- Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 30.00		

Full Name (Last, First, Middle Initial) <b>B. Matthew Lykken</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2006	
Mailing Address 421 North Wheaton Ave		<b>Transaction ID: 60905.C30039</b>	
City State Zip Code Wheaton IL 60187	Amount of Each Receipt this Period 101.92		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Baxter International Inc.	Occupation VP, Tax	Payroll Deduction: (50.96- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 607.05		

Full Name (Last, First, Middle Initial) <b>C. Brian W Magerkurth</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2006	
Mailing Address 4218 Third Street Lane NW		<b>Transaction ID: 60905.C30016</b>	
City State Zip Code Hickory NC 28601	Amount of Each Receipt this Period 110.52		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation VP II, Global Supply Chain	Payroll Deduction: (55.26- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 708.86		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	216.44
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Baxter Healthcare Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Teresita Martinez-santini

Mailing Address A-1 Atenas St Repto Flamingo

City State Zip Code  
Bayamon PR 00959

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baxter Healthcare Puerto Rico Dir, Quality

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 577.05

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 14 / 2006

Transaction ID: 60905.C30042

Amount of Each Receipt this Period  
88.62

Receipt

Payroll Deduction: (44.31- /Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
John Martino

Mailing Address 104 Dumont Dr

City State Zip Code  
Morganton NC 28655

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baxter Healthcare Corpora-tion Dir, Quality

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 15.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 14 / 2006

Transaction ID: 60905.C29989

Amount of Each Receipt this Period  
2.00

Receipt

Payroll Deduction: (1.00/- Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
Jeanne K Mason

Mailing Address 1 Baxter Parkway DF 1-2E

City State Zip Code  
Deerfield IL 60015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baxter International Inc. CVP, HR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 153.85

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 28 / 2006

Transaction ID: 60905.C30108

Amount of Each Receipt this Period  
153.85

Receipt

Payroll Deduction: (153.8- 5/Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>244.47</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Baxter Healthcare Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Kevin Mcculloch

Mailing Address 730 Greenwood Avenue

City State Zip Code  
Wilmette IL 60091

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation  
Occupation General Manager III

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
775.92

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2006

Transaction ID: 60905.C30024

Amount of Each Receipt this Period  
105.76

Receipt

Payroll Deduction: (52.88- /Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
Bruce Mcgillivray

Mailing Address 151 Ridge Lane

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation  
Occupation CVP, President Renal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1740.82

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2006

Transaction ID: 60905.C30020

Amount of Each Receipt this Period  
269.24

Receipt

Payroll Deduction: (134.6- 2/Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
Donald Mcpeters

Mailing Address 119 North Hills Drive

City State Zip Code  
Marion NC 28752

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation  
Occupation Supv II, Manufacturing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15.00

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2006

Transaction ID: 60905.C29999

Amount of Each Receipt this Period  
2.00

Receipt

Payroll Deduction: (1.00/- Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>377.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Victor Miller</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2006	
Mailing Address 230 9th Street		Transaction ID: 60905.C30023	
City State Zip Code Wilmette IL 60091	Amount of Each Receipt this Period 7.70		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation Dir, Marketing	Payroll Deduction: (3.85/- Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 57.75		

Full Name (Last, First, Middle Initial) <b>B. Frank Monteleone</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2006	
Mailing Address 4620 Forest Edge Lane		Transaction ID: 60905.C30026	
City State Zip Code Long Grove IL 60047	Amount of Each Receipt this Period 130.92		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation VP, Baxter IT	Payroll Deduction: (65.46- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 968.64		

Full Name (Last, First, Middle Initial) <b>C. Barbara Morris</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2006	
Mailing Address 924 N. Saratoga Dr.		Transaction ID: 60905.C30002	
City State Zip Code Palatine IL 60074	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation VP II, HR	Payroll Deduction: (10.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	158.62
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Richard Moss</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address 1620 Waukegan Rd		<b>Transaction ID: 60905.C30085</b>	
City State Zip Code McGaw Park IL 60085	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corporation	Occupation VP, Strategy	Payroll Deduction: (50.00- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00		

Full Name (Last, First, Middle Initial) <b>B. Timothy Murphy</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address 14601 N Somerset Circle		<b>Transaction ID: 60905.C30025</b>	
City State Zip Code Libertyville IL 60048	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corporation	Occupation Asst General Counsel	Payroll Deduction: (22.50- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.17		

Full Name (Last, First, Middle Initial) <b>C. Peter Omalley</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address 563 Greenway Drive		<b>Transaction ID: 60905.C30029</b>	
City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 90.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corporation	Occupation VP/GM II	Payroll Deduction: (45.00- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	185.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Shannon W. Penberthy		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address 3214 Porter Street, NW		<b>Transaction ID:</b> 60905.C30017	
City State Zip Code Washington DC 20008	Amount of Each Receipt this Period 160.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corporation	Occupation Dir, Govt Aff & Public Policy	Payroll Deduction: (80.00- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Carla Pittman		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address 5720 Shenandoah Avenue		<b>Transaction ID:</b> 60905.C30021	
City State Zip Code Los Angeles CA 90056	Amount of Each Receipt this Period 103.50		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corporation	Occupation Sr Counsel	Payroll Deduction: (51.75- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 766.05		

Full Name (Last, First, Middle Initial) <b>C.</b> Virginia Pringle		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address 341 3rd Street West		<b>Transaction ID:</b> 60905.C30006	
City State Zip Code Tierra Verde FL 33715	Amount of Each Receipt this Period 57.46		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corporation	Occupation Mgr II, Operations	Payroll Deduction: (28.73- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.51		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	320.96
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Neervalur Raghavan</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2006	
Mailing Address 2327 Castilian		Transaction ID: 60905.C30005	
City State Zip Code Northbrook IL 60062	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation VP I, Research	Payroll Deduction: (5.00/- Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 75.00		

Full Name (Last, First, Middle Initial) <b>B. Elizabeth Redd</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2006	
Mailing Address 604 South Leflore		Transaction ID: 60905.C29991	
City State Zip Code Cleveland MS 38732	Amount of Each Receipt this Period 2.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation Plant Controller I	Payroll Deduction: (1.00/- Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15.00		

Full Name (Last, First, Middle Initial) <b>C. David Rohrbach</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2006	
Mailing Address 10 Hawkes Court		Transaction ID: 60905.C30019	
City State Zip Code Bridgewater NJ 08807	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation VP I, Quality	Payroll Deduction: (10.00/- Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 130.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	32.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Baxter Healthcare Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Harold Sargent

Mailing Address 1151 Woodview Drive

City State Zip Code  
Green Oaks IL 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baxter Healthcare Corporation Sr Dir, Research

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 30.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 14 / 2006

Transaction ID: 60905.C29985

Amount of Each Receipt this Period  
4.00

Receipt

Payroll Deduction: (2.00/- Pay Period)

**B.** Full Name (Last, First, Middle Initial)  
David P Scharf

Mailing Address 931 Oak Street

City State Zip Code  
Winnetka IL 60093

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baxter International Inc. CVP, Corporate Secretary

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 513.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 14 / 2006

Transaction ID: 60905.C30037

Amount of Each Receipt this Period  
88.66

Receipt

Payroll Deduction: (44.33- /Pay Period)

**C.** Full Name (Last, First, Middle Initial)  
Michael Schiffer

Mailing Address 33741 Shackleton Isle

City State Zip Code  
Monarch Beach CA 92629

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baxter Healthcare Corporation Assoc General Counsel

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1032.09

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 14 / 2006

Transaction ID: 60905.C30014

Amount of Each Receipt this Period  
139.50

Receipt

Payroll Deduction: (69.75- /Pay Period)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>232.16</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 / 33
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Victor Schmitt		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address 699 Bluff Road		<b>Transaction ID:</b> 60905.C30010	
City State Zip Code Lake Bluff IL 60044		Amount of Each Receipt this Period 77.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Occupation Baxter Healthcare Corpora- Pres, Venture Management tion		Payroll Deduction: (38.50- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 577.50	

Full Name (Last, First, Middle Initial) <b>B.</b> Chandra Sekhar		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address 1621 Mission Hills Rd Unit 211		<b>Transaction ID:</b> 60905.C29983	
City State Zip Code Northbrook IL 60062		Amount of Each Receipt this Period 102.04	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Occupation Baxter Healthcare Corpora- VP II, Mfg Strategic Planning tion		Payroll Deduction: (51.02- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 636.36	

Full Name (Last, First, Middle Initial) <b>C.</b> Deborah Spak		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address 1555 Stratford		<b>Transaction ID:</b> 60905.C30038	
City State Zip Code Deerfield IL 60015		Amount of Each Receipt this Period 23.30	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Occupation Baxter International Inc. Dir, Communications		Payroll Deduction: (11.65- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 172.05	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	202.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Edward Sudlow</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2006	
Mailing Address 2406 N Hickory		Transaction ID: 60905.C29982	
City Arlington Heights	State IL	Zip Code 60004	Amount of Each Receipt this Period 4.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation Mgr II, Supply Chain		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 30.00		
		Payroll Deduction: (2.00/- Pay Period)	

Full Name (Last, First, Middle Initial) <b>B. Donald Sullivan</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2006	
Mailing Address 910 W Cypress Drive		Transaction ID: 60905.C30030	
City Arlington Heights	State IL	Zip Code 60005	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter International Inc.	Occupation VP, Risk Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		
		Payroll Deduction: (40.00-/Pay Period)	

Full Name (Last, First, Middle Initial) <b>C. Karenann Terrell</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 28 / 2006	
Mailing Address 1 Baxter Parkway		Transaction ID: 60905.C30107	
City Deerfield	State IL	Zip Code 60015	Amount of Each Receipt this Period 192.31
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter International Inc.	Occupation CVP, Chief Information Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 192.31		
		Payroll Deduction: (192.31/Pay Period)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	276.31
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Andrew Thorrens</b>		Date of Receipt MM / DD / YYYY 07 / 14 / 2006
Mailing Address 1835 North Hoyne		Transaction ID: 60905.C30033
City Chicago	State IL	Zip Code 60647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4.00
Name of Employer Baxter International Inc.	Occupation Dir, Payment Planning	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 30.00	Payroll Deduction: (2.00/- Pay Period)

Full Name (Last, First, Middle Initial) <b>B. Joel Tune</b>		Date of Receipt MM / DD / YYYY 07 / 14 / 2006
Mailing Address 1365 Vos Court		Transaction ID: 60905.C29997
City Antioch	State IL	Zip Code 60002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Baxter Healthcare Corpora- tion	Occupation General Manager II	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	Payroll Deduction: (40.00- /Pay Period)

Full Name (Last, First, Middle Initial) <b>C. James Utts</b>		Date of Receipt MM / DD / YYYY 07 / 14 / 2006
Mailing Address 441 thorne lane		Transaction ID: 60905.C30041
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.92
Name of Employer Baxter World Trade Corpora- tion	Occupation CVP, President Europe	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90	Payroll Deduction: (38.46- /Pay Period)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	160.92
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Onelia Vera-littrell</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address 619 Oleander Drive		<b>Transaction ID: 60905.C30027</b>	
City State Zip Code Hallandale FL 33009	Amount of Each Receipt this Period 153.84		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corporation	Occupation Asst General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1128.28		
		Payroll Deduction: (76.92- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>B. Kenneth R Webb</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address 31385 W. Somerset Circle		<b>Transaction ID: 60905.C30018</b>	
City State Zip Code Green Oaks IL 60048	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corporation	Occupation VP, Customer Svc & E-Commerce		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 120.00		
		Payroll Deduction: (10.00- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>C. Cheryl White</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address 4069 Mayfield Street		<b>Transaction ID: 60905.C30097</b>	
City State Zip Code Newbury Park CA 91320	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corporation	Occupation CVP, Quality		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 125.00		
		Payroll Deduction: (125.00- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	298.84
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Clara Williams		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address 36 3rd St		Transaction ID: 60905.C29990	
City Cleveland	State MS	Zip Code 38732	Amount of Each Receipt this Period 2.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation Quality Assoc III		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15.00		
		Payroll Deduction: (1.00/- Pay Period)	

Full Name (Last, First, Middle Initial) <b>B.</b> Donna Williams		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address 1886 Bowling Green		Transaction ID: 60905.C29998	
City Lake Forest	State IL	Zip Code 60045	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation VP I, Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 75.00		
		Payroll Deduction: (5.00/- Pay Period)	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	12.00
<b>TOTAL</b> This Period (last page this line number only) .....	8242.63

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 33

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Friends of Roy Blunt</b>		<b>Transaction ID: 60810.E713</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6
Mailing Address PO Box 278		Amount of Each Disbursement this Period 2000.00
City Strafford	State MO	
Zip Code 65757-0278		
Purpose of Disbursement Category/ Type		
Candidate Name ROY BLUNT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO District: 7		

Full Name (Last, First, Middle Initial) <b>B. Eric Cantor</b>		<b>Transaction ID: 60810.E712</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6
Mailing Address 5040 Sadler Pl		Amount of Each Disbursement this Period 1000.00
City Glen Allen	State VA	
Zip Code 23060-6149		
Purpose of Disbursement Category/ Type		
Candidate Name ERIC CANTOR		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 07		

Full Name (Last, First, Middle Initial) <b>C. Hatch Election Committee</b>		<b>Transaction ID: 60810.E711</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address 257 E 200 S		Amount of Each Disbursement this Period 1000.00
City Salt Lake City	State UT	
Zip Code 84111-2053		
Purpose of Disbursement Category/ Type		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 32 / 33

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Baxter Healthcare Political Action Committee

<b>A. Jon Kyl</b> Full Name (Last, First, Middle Initial) Mailing Address 2200 E Camelback Rd City Phoenix State AZ Zip Code 85016-3455 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 60810.E715</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 Category/Type
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<b>B. Deborah Pryce</b> Full Name (Last, First, Middle Initial) Mailing Address 145 E Rich City Columbus State OH Zip Code 43215-7632 Purpose of Disbursement Candidate Name DEBORAH D. PRYCE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 60810.E717</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 Category/Type
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<b>C. Paul Ryan for Congress</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 2776 City Arlington State VA Zip Code 22202-0776 Purpose of Disbursement Candidate Name PAUL D RYAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 60810.E714</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 Category/Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 33

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Rick Santorum</b>		Transaction ID: 60810.E716 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6	
Mailing Address 333 Market St		Amount of Each Disbursement this Period 1000.00	
City Harrisburg State PA Zip Code 17101-2210	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:           District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	8000.00